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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: (	26200003	(	CITY OR TOWN DALTO	)N
APPLICATION FOR F	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: V	WAY OUT WEST	, INC		
DOING BUSINESS A	MILL TOWN TA	AVERN		
ADDRESS 16 DEPOT	ST			
CITY/TOWN: DALT	ON	STATE: MA	ZIP CODE: 01226	
MANAGER: WEST, T.	WILLIAM TYP	PE OF LICENSE: Resta	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LI				
480 SQ. FT. STORAGI	E AREA 1 ST. FL	OOR 480 SQ. FT. FUI	3 BATHROOMS; KITCHE LL BASEMENT, 4 WNTRA ON SIDE OF DINING RO	ANCES/
I hereby certify and swe	ear under penalties	of perjury that:		
1. the renewed	license will be of	the same type for the s	ame premises now licensed;	
			onwealth relating to taxes; an	nd
3. the premises	are now open for	business (If not explai	n below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	ate Officer	
	,			
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
	TEEETHOT	E I (CIVIBER.	(Note: NOT Individual Soci	al Security Number)
Acts of 2004, signed b	y the building ins	spector and the head	certificate required by Chapter the fire department for the cance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AUT	ΓHORITY
APPROVED:	1		Ву:	
DISAPPROVED:				
(If disapproved explain	)			
DATE:				



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LICENSE NUI	MBER: 026200004		CITY OR TOWN DALTON	N
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: ANTHONY	J. DE ANGEL US POST #	9566 V.F.W.	
DOING BUSI	NESS A			
ADDRESS 36	6 E. HOUSATONIC			
CITY/TOWN:	DALTON	STATE: MA	ZIP CODE: 01226	
MANAGER:	VIERA, ANTHONY J.	TYPE OF LICENSE: Ver	terans club CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	TT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
-	N OF LICENSED P			
ONE FLOOR (ROOM, RESTI		HALL,KITCHEN,BAR ARE	EA, STORAGE ROOM, MEM	BERS
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comr	nonwealth relating to taxes; and	d
3. the	premises are now of	pen for business (If not expla	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	I Security Number)
Acts of 2004,	signed by the build	ling inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 1	ne above
Please Check Belo	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
DATE:				



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LICENSE NUMBE	R: 026200005		CITY OR TOWN	DALTON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 201	13
		CLASS		Ŋ	YEAR
LICENSEE NAME:	: JR. ZIP'S,INC.				
DOING BUSINESS	S A ZIP'S				
ADDRESS 191 E.H	IOUSATONIC				
CITY/TOWN: DA	LTON	STATE: MA	ZIP CODE:	01226	
MANAGER: CAF	RVER, TYPE NALD W. JR.	OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES	S:			
	ROX 2700 SQ. FT. ONE 12, SIX POOL TABLES		ONG FOR 15, FOUI	R TABLES	
I hereby certify and	swear under penalties of	perjury that:			
1. the renev	wed license will be of the	same type for the	same premises now	licensed;	
2. the licens	see has complied with all	l laws of the Com	nonwealth relating t	o taxes; and	
3. the prem	ises are now open for bu	siness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE I	NUMBER:		R IDENTIFICATION	
			(Note: NOT Inc	lividual Social Se	curity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lic	ector and the hea	d of the fire depart	ment for the a	above
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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LICENSE NUMBE	R: 026200007		CITY OR TOWN	DALTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 401 MA		JRANT, INC.		
CITY/TOWN: DA	LTON	STATE: MA	ZIP CODE:	01226
MANAGER: LUS	SSIER, JANE L TYP	E OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS			
TWO ROOMS FIR ENTRANCES	ST FLOOR,RESTRO	OMS. ONE ROOM	IN CELLAR. FRON	T AND REAR
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	wed license will be of t	he same type for the	same premises now	licensed;
2. the licen	see has complied with	all laws of the Com	nonwealth relating to	o taxes; and
3. the prem	ises are now open for l	ousiness (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	ed by the building ins	pector and the hea	d of the fire departı	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	(-1)			
(If disapproved exp	iain)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	CENSEES DURING THE M	IONTH OF NOVEMBER (M	i.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 026200008		CITY OR TOWN DALTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: Cheryl, Inc DOING BUSINESS A Jacob's			
ADDRESS 51 DALY AVE			
CITY/TOWN: DALTON	STATE: MA	ZIP CODE: 01226	
MANAGER: Connors, Michael R TYPI			
EMAIL ADDRESS:		THE STATE OF THE S	
PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EM	1AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
TWO FRONST ENTRANCES ONE REAL ONE KITCHEN,3/4 CELLAR: BAR ARE AND LADIES ROOM.			
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	ne same type for the	same premises now licensed;	
2. the licensee has complied with a		_	
3. the premises are now open for b	ousiness (If not expla	in below)	
SIGNED BY Individual, Partner of	or Authorized Corno	orate Officer	
marvidual, i artilei c	or radionized corpo	ruic Officer	
DATE: TELEPHONE	NIIIMDED.	EMPLOYER IDENTIFICATION NUMBER:	
IELEFHONE	NUMBER.	(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the building insp	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBI	ER: 026200009		CITY OR TOWN DALTON	N
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINES ADDRESS 258 NO	S A	JLLIVAN POST #155	5, AMERICAN LEGION	
CITY/TOWN: DA	ALTON	STATE: MA	ZIP CODE: 01226	
MANAGER: KE	EEN, GREGORY TY	PE OF LICENSE: Ve	terans club CATEGORY	: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PREMI	SES:		
FIRST FLOOR, T	HREE ROOMS. SEC	OND FLOOR; 3 ROO	MS	
I hereby certify and	d swear under penaltie	s of perjury that:		
1. the rene	ewed license will be of	the same type for the	same premises now licensed;	
2. the licer	nsee has complied with	n all laws of the Comr	nonwealth relating to taxes; and	d
3. the prer	nises are now open for	business (If not explain	ain below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004, sign	ned by the building in	spector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 1	ne above
Please Check Below:	_		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	lain)			
(If disapproved exp	piaiii)			
DATE:				
	IEWAL MUST BE FILED BY I			



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LICENSE NUI	MBER: 026200010	(	CITY OR TOWN	DALTON	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSIN		H COUNTRY CLUB, INC.			
CITY/TOWN:		STATE: MA	ZIP CODE:	01226	
	Sweren, Henry	TYPE OF LICENSE: Club		ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IIL ADDRESS		J
CLUBHOUSE COCKTAIL LO	OUNGE, KITCHEN, DR, PRO SHOP LOC	FLOORS, MAIN FLOORF COAT ROOM AND OUTS KER ROOM. CLUB STOR	SIDE PATIO TER	RACE AREA	Α,
<ol> <li>the i</li> </ol>	licensee has complied	pe of the same type for the s I with all laws of the Common for business (If not explain	onwealth relating t		
SIGNED BY	Individual, Pa	artner or Authorized Corpor	ate Officer		
DATE:	TELEP	HONE NUMBER:			ION NUMBER: ecurity Number)
Acts of 2004,	signed by the building	e are in possession (1) the ng inspector and the head ate of liquor liability insura	of the fire depart	ment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 026200014		CITY OR TOWN	DALTON	
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 201	13
		CLASS		Ŋ	YEAR
LICENSEE NAME	: JTB & CO., INC.				
DOING BUSINESS	A COUNTRY COR	NER			
ADDRESS 19 HIN	SDALE ROAD				
CITY/TOWN: DA	LTON	STATE: MA	ZIP CODE:	01226	
	RDASEN, TYF AN J.	PE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
TWO FLOORS; TV FLOOR	VO ROOMS ON FIRS	ST; CELLAR FOR ST	TORAGE TWO EX	ITS ON FIRS	T
3. the prem	ises are now open for  Individual, Partner	business (If not expla			
	,	·			
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATION IDENTI	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	RITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 026200016		CITY OR TOWN	DALTON	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
DOING BUSIN	ME: KELLYS PKO ESS A KELLY'S P. MAIN STREET				
CITY/TOWN:	DALTON	STATE: M	A ZIP CODE:	01226	
MANAGER:	KELLY, JOHN F	TYPE OF LICENSE:	Package Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRE		OUR WEBSITE AND ENTER YOU	IR EMAIL ADDRESS		
LARGE SINGL ALCOHOLIC B AREA ON FIRS SINK, REST RO	EVERAGE AND A ST FLOOR 219;DEI	TITH LARGE BASEM NCILLARY;STORAC J AREA WITH THRE	ENT FOR THE SALE SE AND BOTTLE RED SE-BAY SINK.GREAS BASEMENT CELLAR	DEMPTION.F E TRAP ANI	O HAND
<ol> <li>the re</li> <li>the li</li> </ol>	enewed license will l censee has complied	• •	the same premises now ommonwealth relating to explain below)		
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT lividual Social So	
Please Check Below APPROVED: [ DISAPPROVEI (If disapproved of	D:		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

N FOR RENEWAL: Annu	ual LIC	CENSED FOR 2013
CLA	ass	YEAR
O NORTH STREET		
DALTON STATE:	MA ZIP CODE	E: 01226
SMITH, MICHAEL TYPE OF LICEN	NSE:Package Store	CATEGORY: Wine and Malt Regular
RESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENTE	R YOUR EMAIL ADDRESS	
N OF LICENSED PREMISES:		
R WITH BASEMENT FOR STORAGE		
•		ing to taxes; and
Individual Partner or Authorize	d Corporate Officer	
Individual, Partner or Authorize	d Corporate Officer	
Individual, Partner or Authorize	d Corporate Officer	
Individual, Partner or Authorize TELEPHONE NUMBER:	EMPLO	OYER IDENTIFICATION NUMBER:  T Individual Social Security Number)
	EMPLO (Note: NO	
	AME: MICHAEL G. SMITH  NESS A DALTON GENERAL STORE  O NORTH STREET  DALTON STATE:  SMITH, MICHAEL TYPE OF LICENG  RESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTE N OF LICENSED PREMISES: R WITH BASEMENT FOR STORAGE of and swear under penalties of perjury the renewed license will be of the same type licensee has complied with all laws of the same type licensee has complied with all laws of the same type licensee has complied with all laws of the same type licensee has complied with all laws of the same type licensee has complied with all laws of the same type licensee has complied with all laws of the same type licensee has complied with all laws of the same type licensee has complied with all laws of the same type licensee has complied with all laws of the same type licensee has complied with all laws of the same type licensee.	NESS A DALTON GENERAL STORE  O NORTH STREET  DALTON STATE: MA ZIP CODE  SMITH, MICHAEL TYPE OF LICENSE: Package Store  G  RESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  N OF LICENSED PREMISES:



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 026200022		CITY	OR TOWN	DALTON	
APPLICATION F	OR RENEWAL:	Annu	al	LICEN	SED FOR 20	13
		CLA	SS			YEAR
LICENSEE NAM	E: JR'S SHAMROCK	K, INC				
DOING BUSINES	SS A THE SHAMROO	CK RESTAUR	ANT & PUB			
ADDRESS 645 M	IAIN STREET					
CITY/TOWN: D	OALTON	STATE:	MA Z	IP CODE:	01226	
	OBERTS, TY ERALD E	PE OF LICEN	SE:Restauran	t C.	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAIL ADI	DRESS		
DESCRIPTION C	OF LICENSED PREMI	ISES:				
	ES AND EXITS; SING RAGE IN BASEMENT		ESTAURAN.	T APPROX.	30' X 60' INC	CLUDES
I hereby certify an	nd swear under penaltie	s of perjury tha	ıt:			
1. the ren	ewed license will be of	the same type	for the same j	premises now	licensed;	
2. the lice	ensee has complied with	h all laws of the	e Commonwe	alth relating t	o taxes; and	
3. the pre	mises are now open for	r business (If no	ot explain bel	ow)		
SIGNED BY						
	Individual, Partne	r or Authorized	l Corporate O	officer		
DATE:	TELEPHON	NE NUMBER:			R IDENTIFICAT	
				(Note: NOT Inc	lividual Social So	ecurity Number)
Acts of 2004, sign	ned, attest that we are ned by the building in nd (2) the certificate o	spector and tl	ne head of the	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:	<u></u>		By:			
DISAPPROVED:						
(If disapproved ex	plain)					<del></del>
DATE:						
Z.11L.						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 026200026		CITY OR TOWN	DALTON	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: T.G. FARMS IN	IC.			
DOING BUSIN	NESS A BURGNER'S N	MARKET			
ADDRESS 813	A DALTON DIVISIO	N ROAD			
CITY/TOWN:	DALTON	STATE: MA	ZIP CODE:	01226	
MANAGER:	BURGNER, THOMAS A.	YPE OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
		R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
	N OF LICENSED PREN	MISES:			
	RY WOOD BUILDING				
-	and swear under penalt renewed license will be	=	cama pramicae now	licensed:	
	licensee has complied w	• •	•		
	premises are now open f		_	o taxes, and	
		· · ·	· 		
SIGNED BY					
	Individual, Partr	ner or Authorized Corpo	rate Officer		
DATE:	TELEPHO	ONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Please Check Belo	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiaiii)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	026200027	CITY OR TOWN DALTON						
APPLICATION FOR I	RENEWAL:	Annu	al	LICENSED FOR 2013				
		CLAS	SS				YEAR	
LICENSEE NAME: DOING BUSINESS A	GREENRIDGE VA	RIETY CO	NVENIEN	NCE				
ADDRESS 1086 SOU'	TH STREET							
CITY/TOWN: DALT	ON	STATE:	MA	ZIP COD	E:	01226		
MANAGER: MAZZ MICHA		OF LICEN	SE:Packa	ge Store	CA	ΓEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:								
PL	EASE ALSO VISIT OUR WEBS	TE AND ENTER	YOUR EMAIL	ADDRESS			_	
DESCRIPTION OF LI	CENSED PREMISES	S:						
LARGE STORE FROM	NT AREA WITH STO	ORAGE IN	REARON	IE FRONT	AND (	ONE FRON	NT REAR	
3. the premise: SIGNED BY	has complied with all sare now open for bu	siness (If no	ot explain	below)	ing to	taxes; and		
DATE:	TELEPHONE I	NUMBER:					FION NUMBER: Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]			LOCAL LIC	CENSII	NG AUTH	ORITY	
DATE:								



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LICENSE NUMBER:	ICENSE NUMBER: 026200028			CITY OR TOWN DALTON					
APPLICATION FOR F	RENEWAL:	Annua	al	LI	ICENSI	ED FOR 20	)13		
		CLAS	SS				YEAR		
LICENSEE NAME:	BERKSHIRE ORGA	ANICS, LLC							
DOING BUSINESS A	BERKSHIRE ORC	SANICS							
ADDRESS 813 DALTO	ON DIVISION ROA	AD							
CITY/TOWN: DALT	ON	STATE:	MA	ZIP COD	E:	01226			
MANAGER: GIBBO P.	NS, BRIAN TYPE	E OF LICENS	SE:Packag	e Store	CAT	EGORY:	Wine and Malt Regular		
EMAIL ADDRESS:									
PLI	EASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL	ADDRESS			J		
DESCRIPTION OF LI	CENSED PREMISE	ES:							
SPACE. AREAS NOT INVENTORY/PACKIN COFFEE AREA, OFFI THE WEST SIDE OF I THE NORTH SIDE OF STAFF AND DELIVER	NG ROOM, LOADI CE AND STAFF RI BUILDING FOR CU F THE BUILDING	NG DOCK, ESTROOM. USTOMERS AND A THII	WALK-IN THERE A . THERE A RD ON TH	COOLER RE TWO I ARE TWO I SOUTH S	, ROOM ENTRY ENTR SIDE O	/EXIT DO ANCES/EX F BUILDI	ORS ON XITS ON NG FOR		
I hereby certify and swe									
•	license will be of th			ne premises	s now li	censed;			
	has complied with a			-					
3. the premises	s are now open for b	usiness (If no	t explain b	pelow)					
SIGNED BY	Individual, Partner o	or Authorized	Corporate	Officer					
DATE:	TELEPHONE	NUMBER:					TON NUMBER: ecurity Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]			OCAL LIG	CENSIN	IG AUTHO	ORITY		
			_						
DATE:			_						